



DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

Center for Medicaid and State Operations
7500 Security Boulevard
Baltimore, MD 21244-1850

Ms. Linda K. Wertz
State Medicaid Director
Texas Health and Human Services Commission
P.O. Box 13247
Austin, Texas 78711

Dear Ms. Wertz:

I am pleased to inform you that your request to amend your approved home and community-based services waiver for individuals with mental retardation (Mental Retardation Local Authority Program), as authorized under section 1915(c) of the Social Security Act, has been approved. This amendment has been given the Health Care Financing Administration control number **# 0330.08**.

This amendment adds eighteen waiver program placements targeted to the Tarrant County area.

The revisions to the number of unduplicated recipients and the average per capita cost of waiver services for year three of the waiver have been approved as follows:

Year	Unduplicated Recipients	Factor D
3	949	\$35,114.23

Based on the information you provided with your request, I approve this amendment request to incorporate these changes into Texas' waiver, effective October 1, 2000.

Sincerely,

Mary Jean Duckett
Director
Division of Benefits, Coverage and Payment
Disabled and Elderly Health Programs Group

cc: Dallas Regional Office
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